Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. JOHN KENNEDY FOR US 3337 NORTH HULLEN ST. ADDRESS (number and street) SUITE 301 (Check if address is changed) **METAIRIE** 70002 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS wjvcpa@aol.com (Check if address is changed) Optional Second E-Mail Address david@johnkennedy.com COMMITTEE'S WEB PAGE ADDRESS (URL) johnkennedy.com (Check if address is changed) DATE 07 2022 C00608398 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. VANDERBROOK, WILLIAM, , , Type or Print Name of Treasurer VANDERBROOK, WILLIAM, , , [Electronically Filed] Date 07 2022 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate KENNEDY, JOHN, NEELY, ,	
	Candidate Party Affiliation REP Sought: House Senate President	State LA District 00
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	2.01.101
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, e	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock Labor Org	janization
	Membership Organization Trade Association Cooperation	/e
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	;).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1C	

_	FEC Form 1 (Revised 0	02/2009)		Page 3
W	rite or Type Committee Name			
_	JOHN KENNE	DY FOR US		
6.		rganization, Affiliated Committee, Joint Fundr	raising Representative, or Leade	rship PAC Sponsor
	CORNYN VICTORY	COMMITTEE		
	Mailing Address	PO BOX 13026		
		AUSTIN		-
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization 🗶 Joi	nt Fundraising Representative	Leadership PAC Sponso
	Tiolationip.	/ Illinated Organization	Tandraioning Propresentative	Zoddolollip 1710 opolloc
_				
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) a	and position of the person in posses	ssion of committee
		BOOK WILLIAM		
	Full Name	ROOK, WILLIAM, , ,		
		i3337 NORTH HULLEN ST		
	Mailing Address			
		SUITE 301		
		METAIRIE	LA 70002	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		elephone number 504 - [455 - 0762
			Nophione named	
8.	Treasurer: List the name and	d address (phone number optional) of the tre	asurer of the committee; and the	name and address of
	any designated agent (e.g., a	assistant treasurer).		
	Full Name VANDERB	ROOK, WILLIAM, , ,		
	of Treasurer			
	Mailing Address	3337 NORTH HULLEN ST		
		SUITE 301		
		METAIRIE	LA 70002	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼	OH I	SIMIE	ZIF CODE A
			504 _	455 0762

FEC Form 1 (Revised 02/2009)		Page 4
Full Name of Designated Agent Mailing Address	KENNEDY, JOHN, NEELY, ,		
	MADISONVILLE	LA T	70447
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Chairman		none number 504	_ 455 - 0762
	epositories: List all banks or other depositories in which the s or maintains funds.	committee deposits funds	s, holds accounts, rents
Name of Bank, Dep	pository, etc.		
E	BANK PLUS (FORMERLY FIRST BANK AND	TRUST)	
Mailing Address	909 POYDRAS STREET		
	NEW ORLEANS	LA 7	0112
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Dep	pository, etc.		
_	CHAIN BRIDGE BANK		
Mailing Address	1445-A LAUGHLIN AVE		
	McLEAN	VA2	2101
	CITY A	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundrais	ing Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fund S CLASSIC COMMITTEE	draising Representative	e, or Leadership PAC Spons
Mailing Address	228 S. WASHINGTON STREET		
	SUITE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connect	ed Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Spo
Connect		nt Fundraising Representa	Leadership PAC Spo
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Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Spo
Connect Designated Agent: Ident Full Name Mailing Address	ed Organization Affiliated Committee Joinfly by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee Joint		
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ed Organization Affiliated Committee Jointh Joint Joint Joint Joint Jointh Jointh Jointh Jointh Jointh Joint	STATE A Telephone Number	ZIP CODE A
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Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Depositions boxes or not be and the composition of Bank, TRUI Depository, etc.	ed Organization Affiliated Committee Joinify by name, address (phone number – optional) CITY ▲ CITY ▲ Cories: List all banks or other depositories in which naintains funds. ST 1445 NEW YORK AVE NW	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

4 1			
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4		FEC ID number	C
TEAM MCCONI	ed Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Mailing Address	228 S. WASHINGTON STREET		
-	SUITE 115		
	ALEXANDRIA	VA VA	22314
	CITY sted Organization	STATE ▲ int Fundraising Representa	ZIP CODE ▲ ative Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
KENNEDY-GRAI	HAM VICTORY FUND		
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Joint Joint Joy by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
		Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identi		Fundraising Representation	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	Leadership PAC S
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi			
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Spon
TAKE BACK THE	ESENATE		
	_I PO BOX 9891		
Mailing Address	LO BOX 3931		
	ARLINGTON	VA VA	22219
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		oint Fundraising Represent	tative Leadership PAC Sp
Connecte	Affiliated Committee X Joy Joy by name, address (phone number – optional)		Leadership PAC Sp
Connecte			Leadership PAC Sp
esignated Agent: Identification			Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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5(g)	or(h). Joint Fundraisin	g Participant:		
,,,	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	С
6.	=	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO BOX 97275		
		RALEIGH 	NC NC	27624
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number - optional)		
	Mailing Address			
		T. Control of the Con		
	TITLE OR POSITION	CITY ▲	STATE A	ZIP CODE ▲
	TITLE OR POSITION	•	STATE ▲	ZIP CODE ▲
9.		ries: List all banks or other depositories in which	lephone Number	
9.	Banks or Other Depositor	ries: List all banks or other depositories in which	lephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which	lephone Number	
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	ries: List all banks or other depositories in which	lephone Number	
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